

County: La Crosse
ONALASKA CARE CENTER
1600 MAIN STREET

Facility ID: 6650

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ONALASKA 54650 Phone: (608) 783-4681
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 103
Total Licensed Bed Capacity (12/31/01): 110
Number of Residents on 12/31/01: 96

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 96

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.3
Supp. Home Care-Personal Care	No					1 - 4 Years		45.8
Supp. Home Care-Household Services	No	Developmental Disabilities	1.0	Under 65	4.2	More Than 4 Years		21.9
Day Services	No	Mental Illness (Org./Psy)	36.5	65 - 74	7.3			-----
Respite Care	No	Mental Illness (Other)	1.0	75 - 84	34.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	10.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.1		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	5.2		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	14.6	65 & Over	95.8	-----		
Transportation	No	Cerebrovascular	9.4		-----	RNs		14.0
Referral Service	No	Diabetes	6.3	Sex	%	LPNs		6.9
Other Services	No	Respiratory	3.1		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	20.8	Male	16.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	83.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care			Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)
Int. Skilled Care	0	0.0	0	7	11.7	120	0	0.0	0	1	4.5	155	0	0.0	0	2	18.2	120	10	10.4
Skilled Care	3	100.0	277	49	81.7	102	0	0.0	0	20	90.9	145	0	0.0	0	9	81.8	102	81	84.4
Intermediate	---	---	---	4	6.7	84	0	0.0	0	1	4.5	140	0	0.0	0	0	0.0	0	5	5.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		60	100.0		0	0.0		22	100.0		0	0.0		11	100.0		96	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	3.5	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.9	Bathing	3.1	49.0	47.9	96
Other Nursing Homes	11.3	Dressing	10.4	42.7	46.9	96
Acute Care Hospitals	82.6	Transferring	17.7	42.7	39.6	96
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	16.7	44.8	38.5	96
Rehabilitation Hospitals	0.0	Eating	64.6	17.7	17.7	96
Other Locations	1.7	*****				
Total Number of Admissions	115	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.2	Receiving Respiratory Care	8.3	
Private Home/No Home Health	26.3	Occ/Freq. Incontinent of Bladder	41.7	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	21.9	Occ/Freq. Incontinent of Bowel	20.8	Receiving Suctioning	0.0	
Other Nursing Homes	3.5	Mobility		Receiving Ostomy Care	2.1	
Acute Care Hospitals	7.0			Receiving Tube Feeding	0.0	
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	5.2	Receiving Mechanically Altered Diets	31.3	
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	3.5			Have Advance Directives	37.5	
Deaths	37.7	With Pressure Sores	5.2	Medications		
Total Number of Discharges		With Rashes	6.3	Receiving Psychoactive Drugs	52.1	
(Including Deaths)	114					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group Ratio %	Bed Size: 100-199 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities % Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.9	89.4 0.97	83.8 1.04	84.3 1.03	84.6 1.03
Current Residents from In-County	88.5	82.7 1.07	84.9 1.04	82.7 1.07	77.0 1.15
Admissions from In-County, Still Residing	20.9	25.4 0.82	21.5 0.97	21.6 0.97	20.8 1.00
Admissions/Average Daily Census	119.8	117.0 1.02	155.8 0.77	137.9 0.87	128.9 0.93
Discharges/Average Daily Census	118.8	116.8 1.02	156.2 0.76	139.0 0.85	130.0 0.91
Discharges To Private Residence/Average Daily Census	57.3	42.1 1.36	61.3 0.94	55.2 1.04	52.8 1.09
Residents Receiving Skilled Care	94.8	93.4 1.02	93.3 1.02	91.8 1.03	85.3 1.11
Residents Aged 65 and Older	95.8	96.2 1.00	92.7 1.03	92.5 1.04	87.5 1.10
Title 19 (Medicaid) Funded Residents	62.5	57.0 1.10	64.8 0.96	64.3 0.97	68.7 0.91
Private Pay Funded Residents	22.9	35.6 0.64	23.3 0.98	25.6 0.90	22.0 1.04
Developmentally Disabled Residents	1.0	0.6 1.67	0.9 1.19	1.2 0.89	7.6 0.14
Mentally Ill Residents	37.5	37.4 1.00	37.7 0.99	37.4 1.00	33.8 1.11
General Medical Service Residents	20.8	21.4 0.97	21.3 0.98	21.2 0.98	19.4 1.07
Impaired ADL (Mean)	58.3	51.7 1.13	49.6 1.18	49.6 1.18	49.3 1.18
Psychological Problems	52.1	52.8 0.99	53.5 0.97	54.1 0.96	51.9 1.00
Nursing Care Required (Mean)	6.6	6.4 1.04	6.5 1.03	6.5 1.02	7.3 0.91